



**August/September 2003**

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: dderkoorkanian@hrsa.gov

## **LATE BREAKING NEWS**

Greetings!

**STAFF UPDATE:** As many of you may already know, CAP is very sad to announce the departure of our wonderful and exceptional Evaluation Coordinator and Project Officer, Teresa Brown. Teresa has accepted a position in the HRSA Office of Special Programs where she will bring her many talents and skills to Bioterrorism Hospital Preparedness activities. She sends her deepest appreciation for all of the emails and phone calls from grantees and assures the CAP community that she will miss all of you as well. Teresa will be applying her skills and knowledge to this program, which also involves systems of care, and hopes to continue to interact with many CAP communities through her new work in the near future. In the interim, arrangements will be made to cover Teresa's assigned CAP grantees.

**CAPSTONE AND TA CALL SCHEDULE:** Due to the HCAP application review cycle in early September, there will be no separate September CAPStone. We will resume our regularly scheduled programming with a new monthly issue in October! Similarly, TA calls will have a slightly modified schedule. We will only be holding one TA call in September during the latter portion of the month on September 18<sup>th</sup>.

**CAP MONITORING REPORTS:** Please note that the DMS is currently available to accept monitoring data between August 18, 2003 and September 30, 2003. During that time each CAP community will be required to enter monitoring data for the **reference period of March 1, 2003-August 31, 2003.**

**NEW PROCESS FOR UPDATING CAP PRIMARY & EVALUATION CONTACTS:** CAP maintains one list of primary contacts per each grantee community. CAP grantees may now update both their primary contact and evaluation contact information through the DMS, which will require using the same user ID and password used to access the query tools and to print reports. Grantees will be able to view their current contact information and make any necessary edits/updates. In naming the primary contact, please select a person who checks their email frequently and will share any relevant information or materials with the rest of the CAP consortium members quickly and effectively.

## **INSIDE**

**LATE BREAKING NEWS**

**TECHNICAL ASSISTANCE  
CALLS SCHEDULE**

**GRANTEE NEWS**

**GRANT OPPORTUNITIES  
AND AWARDS**

**CONFERENCES,  
PROGRAMS, AND OTHER  
NEWS**

**REPORTS AND  
ISSUE BRIEFS**

**WEB RESOURCES**

## **CAP DATA MANAGEMENT SYSTEM (CAP DMS) QUERY TOOLS NOW AVAILABLE:**

CAP grantees may use the query tools by entering the CAP DMS system using the same user ID and password that they use to print their own 6-Month Update Reports. Currently both the "Grantee Activities Tool" and the "Grantee Collaborative Member Tool" are available. Another new feature has also been added to the website (underneath the login section) to request missing or forgotten user IDs and passwords for system access. CAP grantees that require any other assistance accessing the system should email their questions to [cap@synthesisps.com](mailto:cap@synthesisps.com).

Thanks!

Diana

## **CAP TA CALLS**

### **Technical Assistance Calls**

Technical assistance calls for grantees are generally held every other Thursday from 2 to 3 PM EST. The schedule for August appears below. The September 18<sup>th</sup> TA call will be announced via the registration email and CAP website. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website: **[www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)**. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact Shandy at [scampbell@mac1988.com](mailto:scampbell@mac1988.com) or call 301-468-6006 x437.

<b>CAP TA Calls</b>	
<b>Date</b>	<b>Topic</b>
August 21	<b>Submitting Data via the CAP Data Management System (DMS)</b>  The CAP web-based DMS will be available to accept data from each CAP community from August 18, 2003 through September 30, 2003. The reference period for the report is March 1, 2003-August 31, 2003. This TA call will provide detailed information and helpful tips to assist grantees in navigating the system, which may prove especially helpful for those communities or staff members who will be using the system for the very first time. The call will be led by Teresa Brown, CAP evaluation coordinator. She will also be joined by John Houston and Tracy Gong, who will provide technical support during the system "open period."  <b>Note:</b> This call will be a repeat of the TA calls held on January 9 and May 1. It may be sufficient for individuals who are familiar with the system to opt out of participating in the call and to review the call summary from the January 9, 2003 TA call, "Submitting Data via the CAP Automated Monitoring System". The summary can be found on the "Prior TA Calls" page.

With the exception of calls related to legal issues, TA calls are summarized and posted on the CAP website ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

**SKYCAP***Hazard, Kentucky*

Congratulations to Fran Feltner and Dr. Gil Friedell who represented SKYCAP, the Southeast Kentucky Community (Access) Program, at a congressional briefing on July 17<sup>th</sup> in Washington, D.C. SKYCAP was among three model “patient navigator” programs featured at the event, which supports the Patient Navigator, Outreach and Chronic Disease Prevention Act. The act seeks to provide five-year federal grants to establish more patient navigator initiatives, which provide access to health care and prevention of illness among people underserved by the medical system. SKYCAP, a three-year old program based at the University of Kentucky Center for Rural Health in Hazard, guides low-income people with chronic illnesses through the medical system, improving health and saving money in the process. The program has received more than 8,600 referrals in Perry, Harlan, Leslie and Knott counties. In the first two years, patients in the SKYCAP program drastically reduced the frequency of their emergency room visits and hospitalizations. In the first year alone, patients in SKYCAP received approximately \$275,000 in hospital and ER care – dramatically less than the \$1.1 million spent on hospital services for the group the year before the program. For more information, please contact Fran Feltner, RN at [fjfeltner@uky.edu](mailto:fjfeltner@uky.edu). SKYCAP is also featured in a streaming video on the BPHC website, available at: <http://www.bphc.hrsa.gov/video/Default.htm>.

**Gateway to Care***Houston, Texas*

Congratulations to Gateway to Care, the Harris County CAP consortium, and its partner, the Denver Harbor/Port Houston Health Center, who were recently selected to receive a 2003 Robert Wood Johnson Local Initiative Funding Partners (LIFP) Award! This is the first Robert Wood Johnson LIFP award received in Houston and will match funds from nine Houston area foundations totaling \$900,000 over three years. This unique collaborative uniting many sectors within the Houston community has one purpose: to provide health care access not only to the uninsured and underinsured residents of Denver Harbor/Port Houston, but also to others in need. The Denver Harbor model is one that is

hoped to lead to the replication of similar clinics and the establishment of new Federally Qualified Health Centers in Houston/Harris County. This is also a strong example of how a faith-based community can take action to address a community need. For more information, please contact Ronald R. Cookston, Ed. D. at [ron.cookston@gatewaytocare.org](mailto:ron.cookston@gatewaytocare.org), or visit the CAP project’s website at <http://www.gatewaytocare.org>.

**Greeley County Health Services***Sharon Springs, Kansas*

Several members of Kansas CAP grantee, Greeley County Health Services, attended the May 2003 Agriwellness Conference, “The Clock is Ticking for Rural America” in Kansas City, Missouri. Dr. Moser, Ann Schumacher, Chrysanne Grund and Laura Schumacher attended the conference along with other officials, providers and rural community members from across the country. The event focused on the alarming rate that rural communities are increasingly losing health care and mental health resources and how best to serve the needs of rural communities.

Many similar themes and concerns were shared at the conference: declining population, economic difficulties and changing agriculture have all had a dramatic impact on rural communities across the nation. These changes often result in physical and mental stressors that can radically influence a person’s health and lifestyle. In response, a teamwork approach created by working with a primary care provider, a behavioral health specialist, and a patient educator can provide positive health outcomes for a patient, especially recommended for those suffering from chronic conditions as well as for patients experiencing seasonal stress, pregnancy or attention deficit disorder. However, integrating behavioral health care into the primary office setting is still a relatively new concept and although many studies find that patients feel more comfortable seeking services in their own clinic, it is still not widely accepted by major insurance carriers, thus financial feasibility remains an issue.

Dr. Moser and staff gave a presentation entitled, “Integrating Behavioral Health Services into the Primary Care Setting: Creating the Reality of

Accessible Primary Behavioral Health Care Services in Rural, Western Kansas” which has been developed as part of the HealthCAP program. Through this program, Greeley County Health Services created two methods for improving health care access: (1) The creation of an “Access Office” which is home to financial, social, educational and behavioral health resources, and (2) the creation of a virtual private network linking rural health care providers. CAP funding made the program possible for West-Central Kansas and helped increase access for its residents. This innovative program was largely developed by Dr. Moser, Ann Schumacher, L.S.C.S.W., and the HealthCAP staff with help from outside technical assistance. The conference was very well attended and Dr. Moser was widely recognized as an innovative physician in support of integrating services for the benefit of the patient. For more information on this program, please contact Chrysanne Grund at [wcfpcdsl@sunflowertelco.com](mailto:wcfpcdsl@sunflowertelco.com)

### **Marion County CAP Collaborative** *Indianapolis, Indiana*

The Marion County CAP Collaborative’s *Ind-e-App* system, which successfully went live in November 2002, was officially nominated for inclusion in the archives and research collections of the prestigious Computerworld Honors Program in December 2003. Collaborative representatives were presented with the Medal of Achievement at the April 6<sup>th</sup> Computerworld Awards Ceremony in San Francisco, when the 2003 Laureates’ Collection was formally

presented to the Global Archives. *Ind-e-App* is a browser-based system that assists with entitlement program application generation, eligibility determination, online provider selection, verification document management, workflow management, disposition tracking and report generation. The demonstrated benefits of the system include improved customer service, increased application accuracy, increased financial counselor accountability, an expedited application and enrollment process for the Health Advantage program, prompt receipt of Medicaid reimbursements, and access to reliable data regarding the indigent population of Marion County.

For fifteen years, the Computerworld Honors Program has been cataloguing examples of how information technology is being used to benefit society. Today this collection is archived in 35 countries around the world and is used not only by the academics for whom it was originally designed, but also by enterprises of all sizes seeking ideas to help them address problems and challenges of their own. The global archive is stored in more than 125 of the leading museums, archives, libraries and other academic institutions around the world. Included in the 2003 collection are 313 case studies originating from 33 countries, ranging from Australia to Venezuela. The complete archive, including the *Ind-e-App* case study, can be viewed via the following web link: <http://www.cwheroes.org>. For more information regarding the *Ind-e-App* system specifically, please contact Amy Lewis Gilbert at [alewis@hhcorp.org](mailto:alewis@hhcorp.org).

## **GRANT OPPORTUNITIES AND AWARDS**

### **Rural Health Network Development Planning Grant Program**

*Application Deadline: September 10<sup>th</sup>, 2003*

This new Network Development Planning Grant Program provides one year of funding to rural communities that seek to develop a formal integrated health care network and that do not have a significant history of collaboration. The planning grants are to be used to develop a formal network with the purpose of improving the coordination of health services in rural communities and strengthening the rural health care system as a whole. Existing networks that seek to expand services or expand their service

area are not eligible to apply. To apply for a Rural Health Network Development Planning Grant, applicants must request the full application package from the HRSA Grants Application Center by calling, 1-877-477-2123 and asking for Program Announcement Code HRSA-04-003. Applications are now available and will be due on September 10, 2003. The Program Guidance document is available for informational purposes at: <http://ruralhealth.hrsa.gov/funding/networkplanning.htm>. A Technical Assistance call was held on August 5th to provide more details on preparing an application for the program and to provide the opportunity for questions and answers. If you were unable



to participate in the call, a toll-free recording is available until August 29th by calling 1-800-216-6081. For additional information please contact: Michele L. Pray-Gibson, MHS, Office of Rural Health Policy at: (301) 443-0835 or by email at: [mpray@hrsa.gov](mailto:mpray@hrsa.gov).

### **Robert Wood Johnson Community Health Leadership Program**

*Application Deadline: September 22, 2003  
(Letters of Intent)*

The Robert Wood Johnson Community Health Leadership Program honors community health leaders for their work in addressing some of today's most complex health problems in communities across the United States. The award includes a grant of \$120,000: \$105,000 for support of the leader's program, and \$15,000 as a personal stipend. Community-based health providers and advocates in mid-career who have created or significantly improved health programs in local communities where health care needs have been ignored and unmet are eligible to be nominated.

Nominees must be U.S. citizens or permanent residents of the fifty states, D.C., or Puerto Rico. In addition, they must currently be working in their own local community (not on a national or international level) in affiliation with a nonprofit or government agency on a three-quarter to full-time basis. Under this program, "mid-career" is defined as not less than five and not more than a total of fifteen years in the field of community-based health.

The program welcomes nominations of people who are addressing factors that affect the overall

health of community members, including promotion of healthy behaviors, mental health, youth development, violence prevention, environmental health, and community development. Nominations are invited from consumers, community leaders, health professionals, government officials, and others who have been personally inspired by people providing essential community health services. Nominations from development and public relations departments or professional grant-writers cannot be accepted. Visit the program's website: <http://www.communityhealthleaders.org/> for complete guidelines.

### **Environmental Justice Collaborative Problem Solving Grant Program**

*Application Deadline: September 30<sup>th</sup>, 2003*

The EPA's Office of Environmental Justice (OEJ) has created a new grants program called the "Environmental Justice Collaborative Problem Solving Grant Program." The grants program provides financial assistance to community-based organizations that wish to engage in capacity-building initiatives and also utilize constructive engagement and collaborative problem-solving to seek viable solutions for their community's environmental and/or public health issues. Fifteen grants will be awarded by January 2004 and all awards will be in the amount of \$100,000.00 to be used over a three-year period. Universities are not eligible to apply, but they may be a partnership member. The Request for Applications (RFA) for the new Collaborative Problem-Solving Grant Program may be downloaded from: <http://www.epa.gov/compliance/recent/ej.html>.

## **CONFERENCES, PROGRAMS, AND OTHER NEWS**

### **Monitoring the Health Care Safety Net Audio Conference Series**

*September 23-25, 2003*

In 2000, the Institute of Medicine (IOM) released a report describing the health care safety net -- the Nation's "system" of providing health care to low-income and other vulnerable populations -- as "intact but endangered." In particular, the report emphasized the precarious financial situation of many institutions that provide care, the changing financial, economic, and social environment in which these

institutions operate, and the highly localized, "patchwork" structure of the safety net. In response, the Agency for Healthcare Research and Quality (AHRQ) and the Health Resources and Services Administration (HRSA) are leading a joint safety net monitoring initiative. Focusing on both safety net providers and the populations they serve, the agencies agreed to a three-part strategy: Creating two data books that describe baseline information on a wide variety of local safety nets; developing a tool kit for State and local policymakers, planners, and analysts to

assist them in monitoring the status of their local safety nets; and identifying the data elements that would be needed to effectively monitor the capacity and performance of local safety nets.

In order to help State and local officials address these and other policy-relevant questions, AHRQ's User Liaison Program offers these three FREE web-assisted Audio Conferences. The purpose of the audio conference series is to inform State and community officials about the Data Books and Tool Kit and teach them how they can use these new instruments to assess the performance and needs of their local safety nets. The audio conference series is designed for State and local officials responsible for health policy decisions that impact the safety net system and its environment. It will be especially valuable to staff that collect and analyze data on access, uninsurance rates, and financial and administrative data of health providers:

- **Data Books for Monitoring the Safety Net**  
Tuesday, September 23, 2003  
2:00 - 3:30 p.m., EDT
- **Safety Net Data Collection Strategies**  
Wednesday, September 24  
2003, 2:00 - 3:30 p.m., EDT
- **Using Data to Tell the Safety Net Story**  
Thursday, September 25, 2003  
2:00 - 3:30 p.m., EDT

After participating in three sessions, participants should be better able to: identify opportunities for gathering new data, applying new knowledge and best practices for developing a safety net monitoring system; use the range of measures provided in the Data Books to measure the status of local safety nets and the populations they serve; and identify strategies to assess the performance and needs of local safety nets and tailor them to state-specific needs. Each 90-minute Web-assisted audio conference will address a different aspect of the Safety Net Tool Kit. Participants are welcome to register for single or multiple sessions. Each event will feature a panel of experts in the field who will answer questions from the audience via fax, phone, or e-mail. The audio conferences will be available in a Webcast version and also in a conventional audio conference format. Presentation slides, audio, and an online question and answer session will be provided through the Webcast. Simultaneously, the audio

portion of the program will be available by phone for participants who prefer to use their telephones instead of their computers. There will be no charge for participation, but AHRQ would appreciate feedback on the usefulness of this format for sharing up-to-date information on the topics that most concern you in health care delivery and policy. For more information and to register for the series, please visit:

<http://www.academyhealth.org/ahrq/ulp/safetynet/>.

## **Volunteers in Health Care Teleworkshops**

*September 9<sup>th</sup> 2003*

The following VIH Teleworkshop, *Partnering with Academic Institutions: September 9th at 2pm*, may be of interest to CAP grantees. Are you currently working with an academic institution, but feel there might be more that students could be doing at your program? Are you interested in working with an academic institution, but are unsure how to approach the school administration? Or, are you wondering what value a partnership with an academic institution might bring to your program? If so, this teleworkshop is for you. Registration for this call will begin on August 20th. For Registration Information, please visit: <http://www.volunteersinhealthcare.org/>. Interested grantees should register early, as space is limited.

## **HIPAA Implementation Roundtable**

*August 22, 2003*

The Twelfth National HIPAA Implementation Roundtable offered by HHS' Centers for Medicaid and Medicare Services is scheduled for Friday, August 22 from 2:00 to 3:30 PM EDT. The call-in number is 1-877-381-6315 and the conference ID is 1596431. No registration is required. The transcript of the May and June Roundtables are now available; the transcript of the Roundtable held in March will be coming soon. The May Roundtable transcript is available in PDF format at: <http://www.hipaadvisory.com/news/2003/maytrans.pdf> and the June Roundtable transcript is available in PDF at: <http://www.hipaadvisory.com/news/2003/juntrans.pdf>.

## **2003 Association for Community Health Improvement Conference**

*October 23-25*

Communities Joined in Action and the Association for Community Health Improvement are jointly hosting a 2003 annual conference, *Community Health in Challenging Times: Proven Practices, Promising Innovations*, that will take place in Nashville, Tennessee from October 23-25. This national community health and healthy communities gathering will offer educational and networking opportunities focused on four topic tracks: Achieving Health Equity, Securing Resources,

Maximizing Access and Coverage, and Advocating Healthy Policy. Other participating organizations include: the Catholic Health Association, National Association of County and City Health Officials, Health Forum Fellowship Programs, and the VHA Health Foundation. Additional information can be found at: [www.communityhlth.org/conference/annual.html](http://www.communityhlth.org/conference/annual.html).

## REPORTS AND ISSUE BRIEFS

### **Rural Health Networks Monograph**

The Networking for Rural Health project recently released its final monograph, titled *Using Rural Health Networks to Address Local Needs: Five Case Studies*. The report highlights a set of at least five in-depth case studies based on their targeted consultation grants. It shows how networks can identify and respond to a common need or concern. This collection of case studies is the final document in a series of eight written products created by the Networking for Rural Health project. Other monographs focus on the principles of rural network development, strategic planning, business planning, shared services, quality improvement, and legal issues for rural networks. For more information, visit [www.academyhealth.com/ruralhealth/index.htm](http://www.academyhealth.com/ruralhealth/index.htm) or contact Dan Campion at (202) 292-6700. The monograph is available at: <http://www.academyhealth.org/ruralhealth/casestudies.pdf>

### **Improving Oral Health**

The National Health Policy Forum recently announced the availability of a new Background Paper, *Improving Oral Health: Promise and Prospects*. The background paper examines the variety of issues affecting access to oral health care in the United States. It considers the possibilities and challenges presented by public financing sources for dental care for low-income children and families -- including Medicaid, the State Children's Health Insurance Program, and other safety net programs -- and reviews a sampling of privately funded efforts at improving oral health access. The paper illustrates some of the major barriers to dental care, particularly the shortage of dentists willing to serve low-income and uninsured patients and

the overall lack of growth in the dental workforce. It also considers the changing roles of other providers, such as dental hygienists and primary care providers, in providing oral health education, preventive care, and referrals to dentists. Finally, this background paper touches on more global, or population-based approaches to improving oral health. The paper is available on the "What's New" page of the NHPF website: <http://www.nhpf.org/>

### **The Business Case for Quality**

A study published earlier this spring in *Health Affairs* reported that the business case for quality improvement in hospitals, health systems, and corporate health plans is weak at best. Based on case studies of four programs, authors Sheila Leatherman and Donald M. Berwick, M.D. concluded that investments in quality improvement will yield payoffs only when financial incentives are aligned with the provision of superior care. The Commonwealth Fund has now made available on its website the four complete case studies, plus two additional ones not covered in the *Health Affairs* article, "The Business Case for Quality: Case Studies and An Analysis" (March/April 2003). The result of a collaboration among management experts, hospital administrators, health plan officials, and researchers, the case studies examine diabetes management programs, group medical appointments, tobacco cessation programs, wellness programs in the workplace, pharmaceutical management, and care based on clinical pathways and outcomes-management programs. All six reports can be downloaded from the Health Care Quality page on [www.cmwf.org](http://www.cmwf.org).

## WEB RESOURCES

### **Updated Data on Race, Ethnicity & Medical Care**

While remarkable progress has been made in reducing barriers to care facing racial and ethnic minority Americans, they continue to experience unequal access to the many advances made in medical technology and basic health services. The Kaiser Family Foundation has released an updated edition of the report, *Key Facts: Race, Ethnicity & Medical Care* (publication #6069), which was last published in 1999. This chartbook is intended to serve as a quick reference on racial and ethnic disparities in health, health insurance coverage, and health care access and quality. It highlights the best available data and research and provides a selective review of the literature. Topics include: demographics, health status, patterns of health insurance coverage, access to primary and preventive care, and use of specialty care for selected health conditions. This publication is available online at <http://www.kff.org/content/2003/6069/6069revised.pdf>.

### **New Healthy People 2010 Data**

On July 1, 2003, the Healthy People 2010 office of the U.S. Department of Health and Human Services released the latest quarterly update to data supporting the Healthy People 2010 objectives. The information is available on the Data2010 website located at <http://wonder.cdc.gov/data2010/>. In addition, a new feature on

CDC's Wonder data system related to Secretary Thompson's Steps to a HealthierUS Initiative lists data for Steps-related Healthy People objectives by state. For more information, visit <http://wonder.cdc.gov/data2010/HU.htm>.

### **Electronic Connectivity & Healthcare Data Standards**

Connecting for Health, a collaboration of more than 100 public and private stakeholders representing every part of the health care system, has just released the results of its effort to bring electronic connectivity to health care to improve patient care, lower costs and protect privacy. Despite a pace and a set of goals that many thought hard to achieve, Connecting for Health announced unprecedented progress in several key areas including: achieving consensus on an initial set of health care data standards and commitment for their adoption from a wide variety of national health care leaders, including a number of federal government agencies; identifying and studying a number of noteworthy privacy and security practices in order to describe and disseminate feasible solutions currently in use; and defining the key characteristics and benefits of consumer-controlled Personal Health Records (PHRs), addressing consumer concerns to allow people to have better access to their health information. Visit the Connecting for Health website at: <http://www.connectingforhealth.org/>